

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on back of this Form.

Health Department, City of Baltimore.

Permit No. 99612 Office of Registrar of Vital Statistics. Ward 17

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, May 2nd 1887

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } Samuel Edgar Bacon

Sex, Male or Female, { Cross out the word not required in this line. }

Age, Years, 7 Months, Days.

Color, Colored

Married, Single, Widow or Widower, { Cross out the words not required in this line. } ✓

Occupation,

Birth Place, { State or country, and how long in the United States, if of foreign birth. } Baltimore

Duration of Residence in the City of Baltimore, During life

Place of Death, { Give Street and Number. } 38 W West st

Cause of Death, { First (Primary), Second (Immediate), } Pertussis
Convulsions

Duration of Last Sickness,

All the above information should be furnished by the Physician.

Place of Burial, Laurel Cemetery

Date of Burial, May 5 1887

{ Undertaker, Hercules Rose

{ Place of Business, 404 Carroll St Address, 1017 Dr. Hill Ave

R. M. H. Lee

M. D.

Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]

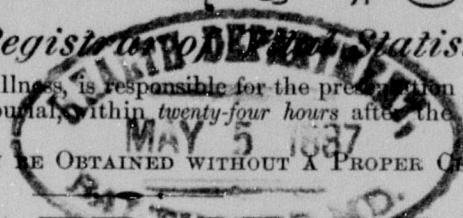
The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on back of this Certificate.

Health Department, City of Baltimore. 16

Permit No. 99613 Office of Registration and Statistics. Ward 75

The Physician who attended any person in a last illness, is responsible for the preparation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.



CERTIFICATE OF DEATH.

Date of Death, May 4, 1887

Full Name of Deceased, { Write legibly and spell correctly. If an infant not named, give names of parents. } Simon Rech

Sex, Male or Female, { Cross out the word not required in this line. } Rech

Age, 35 Years, — Months, — Days.

Color, White

Married, Single, Widow or Widower, { Cross out the words not required in this line. } Single

Occupation, Coroner

Birth Place, { State or country, and how long in the United States, if of foreign birth. } Delaware

Duration of Residence in the City of Baltimore, 3 weeks

Place of Death, { Give Street and Number. } 939 - N. Howard St

Cause of Death, { First (Primary), Second (Immediate), } Hernia & Ulcer from the Intestines

Duration of Last Sickness, 1 week

All the above information should be furnished by the Physician.

Place of Burial, Kentland

Date of Burial, May 5/87

Undertaker, Amity C. C. Therese C. C. M. D.

Place of Business, 715 Light

Medical Attendant.

Address, 518 Howard St

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]

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The Special Attention of Physicians is Respectfully invited to the Remarks below, and to LIST of Diseases on back of this page.

Health Department, City of Baltimore.

Permit No. 99614 Office of Registrar of Vital Statistics. Ward 159

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death,

May 3 1887

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. }

Elizabeth Tapman

Sex, Male or Female, { Cross out the word not required in this line. }

Age, 74 Years, Months, Days.

Color,

W

✓

Married, Single, Widow or Widower, { Cross out the words not required in this line. }

Occupation,

Birth Place, { State or country, and how long in the United States, if of foreign birth. }

Baltimore

Duration of Residence in the City of Baltimore,

Place of Death, { Give Street and Number. }

110 Warren av

Cause of Death, { First (Primary),
Second (Immediate), }

Aphoplexy and Paralyses

Duration of Last Sickness,

3 month

All the above information should be furnished by the Physician.

Place of Burial Green Park

Date of Burial, May 5 1887

{ Undertaker, Timothy C. C. H.

H. W. Webster

M. D.

Medical Attendant.

{ Place of Business, 715 Light

Address,

106 Barr

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

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[OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on back of this Certificate.

Health Department, City of Baltimore.

Permit No. 99615

Office of Registrar of Vital Statistics.

Ward 13

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death,

May 3rd 1887

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. }

Emma Jane Edwards

Sex, Male or Female, { Cross out the word not required in this line. }

Age, 22 Years, 9 Months, 10 Days.

Color,

Colored

Married, Single, Widow or Widower, { Cross out the words not required in this line. }

Occupation,

Birth Place, { State or country, and how long in the United States, if of foreign birth. }

Baltimore City

Duration of Residence in the City of Baltimore, During life

Place of Death, { Give Street and Number. }

Baboy St - # 676

Cause of Death, { First (Primary), Disease of the Heart caused by Rheumatism }

Second (Immediate),

Death sudden

Duration of Last Sickness,

All the above information should be furnished by the Physician.

Place of Burial, Green Cemetery

Date of Burial, May 5 1887

{ Undertaker, Alex Henratty

L. G. Spanow

M. D.

Medical Attendant.

Coroner

Place of Business, 5610 Phanaleft Address,

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on back of this Certificate.

Health Department, City of Baltimore.

Permit No. 99616

Office of Registrar of Vital Statistics.

Ward

5th

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death,

May 3 1887.

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. }

Susannah Woollen

Sex, Male or Female, { Cross out the word not required in this line. }

Age,

72

Years,

Months,

Days.

Color,

White.

Married, Single, Widow or Widower, { Cross out the words not required in this line. }

Occupation,

none

Birth Place, { State or country, and how long in the United States, if of foreign birth. }

Baltimore city

Duration of Residence in the City of Baltimore,

life time

Place of Death, { Give Street and Number. }

618 N. Board st.

Cause of Death, { First (Primary),

Paralysis.

Second (Immediate),

Exhaustion.

Duration of Last Sickness,

8 days.

All the above information should be furnished by the Physician.

Place of Burial, Green mount cr

Date of Burial, May 5 1887

Undertaker, Evans, Spence

Place of Business, 1000 E. Baltimore

J. E. Heard, M. D.

Medical Attendant.

Address, 1000 E. Monument St

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back of this Certificate.

Health Department, City of Baltimore.

Permit No. 99617 Office of Registrar of Vital Statistics. Ward 16

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, May 4, 1887

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } Catherine C. Duffy

Sex, Male or Female, { Cross out the word not required in this line. } Female

Age, 21 Years, Months, Days

Color, White

Married, Single, Widow or Widower, { Cross out the words not required in this line. } Single

Occupation,

Birth Place, { State or country, and how long in the United States, if of foreign birth. } Baltimore

Duration of Residence in the City of Baltimore, Lifetime

Place of Death, { Give Street and Number. } 316 S Entwistle

Cause of Death, { First (Primary), Second (Immediate), } Phthisis Pulmon -

Duration of Last Sickness, one year

All the above information should be furnished by the Physician.

Place of Burial, Douglass Blvrd

Date of Burial, May 6th 1887

Undertaker, John S. Macher

Place of Business, No 150 Franklin

J. H. Tolson

M. D.

Medical Attendant.

Address, 102 Franklin

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back of this Certificate.

Health Department, City of Baltimore.

Permit No. 99618 Office of Registrar of Vital Statistics. Ward 20th

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, May 4 1887

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } Elizabeth Harlow

Sex, Male or Female, { Cross out the word not required in this line. }

Age, 81 Years, 4 Months, 10 Days

Color, White

Married, Single, Widow or Widower, { Cross out the words not required in this line. }

Occupation,

Birth Place, { State or country, and how long in the United States, if of foreign birth. } At Leo Ma

Duration of Residence in the City of Baltimore, 60 years

Place of Death, { Give Street and Number. } 709 Harford St

Cause of Death, { First (Primary), Heart disease & Sunstroke
Second (Immediate), " "

Duration of Last Sickness, 2 weeks

All the above information should be furnished by the Physician.

Place of Burial, Mr. Oliver's

Date of Burial, May 5 1887

Undertaker, J. E. Murphy & Co. J. B. Hammer M. D.

Medical Attendant.

Place of Business, 1408 Pennsylvania Address, 212 Franklin St

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER]

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on back of this Certificate.

Health Department, City of Baltimore.

Office of Registrar of Vital Statistics. Ward 17 "

Permit No. 99619

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death,

May 6 1911

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. }

Sex, ~~Male~~ or Female, { Cross out the word not required in this line. }

Age,

19

Years,

10

Months,

1 Days.

Color,

White

Married, Single, Widow or Widower, { Cross out the words not required in this line. }

Occupation,

Housekeeper

✓

B. city

Birth Place, { State or country, and how long in the United States, } if of foreign birth.

Duration of Residence in the City of Baltimore,

Place of Death, { Give Street and Number. } 1600 Light St

Cause of Death, { First (Primary),

Adhesive Convulsions

Second (Immediate),

Reptoritis

6 days

Duration of Last Sickness,

All the above information should be furnished by the Physician.

Place of Burial, Baltimore C.

Date of Burial, May 6

Undertaker, B. S. Hall

Place of Business, 115 W. 3d St.

Address,

Rossells

M. D.

Medical Attendant.

915 Light

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on back of this Certificate.

Health Department, City of Baltimore.

Permit No. 99620 Office of Registrar of Vital Statistics. Ward 17^a

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, May 3^d 1887

Full Name of Deceased, Magdalena Huber
 Write legibly and spell correctly. If an Infant not named, give names of parents.

Sex, Male or Female, { Cross out the word not required in this line. }

Age, 48 Years, 10 Months, Days.

Color, White

Married, Single, Widow or Widower, { Cross out the words not required in this line. }

Occupation, Housekeeper

Birth Place, { State or country, and how long in the United States, if of foreign birth. } Germany

Duration of Residence in the City of Baltimore, 22 years

Place of Death, { Give Street and Number. } 1902 Hanover St.

Cause of Death, { First (Primary), Typhoid fever
 Second (Immediate), Asthensis }

Duration of Last Sickness, 3 weeks

All the above information should be furnished by the Physician.

Place of Burial, Western C.

Date of Burial, May 5

Undertaker, B. H. Hargrave

Place of Business, 115 West St.

W. Gomel

M. D.

Medical Attendant.

Address, 600 S. Sharp St.

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

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The Special Attention of Physicians is Respectfully invited to the Remarks below, and to list of Diseases on back of this Certificate.

Health Department, City of Baltimore.

Permit No. 99621 Office of Registrar of Vital Statistics. Ward 10.

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death,

4th May 1887

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. }

Anna Maria Burton

Sex, Male or Female, { Cross out the word not required in this line. }

Age, 81 Years,

Months,

Days.

Color,

W

✓

Married, Single, Widow or Widower, { Cross out the words not required in this line. }

Occupation,

Philadelphia

Birth Place, { State or country, and how long in the United States, if of foreign birth. }

Duration of Residence in the City of Baltimore,

3 yrs

Place of Death, { Give Street and Number. }

25 A. Paca st

Cause of Death, { First (Primary),
Second (Immediate), }

Congestion of Lungs

Duration of Last Sickness,

Three days

All the above information should be furnished by the Physician.

Place of Burial, Baltimore Cem

Date of Burial, May 8 87

H. W. Webster

M. D.

Undertaker, C. J. Scoville

Medical Attendant.

Place of Business, 925 Madison

Address, 105 Barr st

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]